

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 30387

63-022323

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5303

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

FILED MAY 27 1963

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **ILLINOIS** b. COUNTY **MADISON**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS**

Length of stay in 1b
99 DAYS

c. CITY OR TOWN **EDWARDSVILLE**

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VET ADM HOSPITAL**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS **RR #4** (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **NOAH**

Middle

TRESTER

Last

4. DATE OF DEATH

Month

Day

Year

MAY

16

1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-4-91

9. AGE (last birthday)
72

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
BAR TENDER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
AURORA, INDIANA

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOSEPH M. TRESTER

13b. MOTHER'S MAIDEN NAME

MARY SEEBRIA

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS MARY HAGAMAN (NIECE) See 2 above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LYMPHOSARCOMA

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-6-63** to **5-16-63** and last saw him alive on **5-16-63**.
Death occurred at **4:50 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or wife)
MICHAEL R. KAYE

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED
5-16-63

23b. BURIAL, CREMATION, REMOVAL (Specify).
removal

23c. DATE
5-18-63

23d. NAME OF CEMETERY OR CREMATORY
Sunset Hill Cemetery

23e. LOCATION (City, town, or county) (State)
Edwardsville Twnshp. Ill.

24. FUNERAL DIRECTOR

ADDRESS:

Mercer F. Home Granite City, Ill.

25. DATE RECD. BY LOCAL REG.

MAY 17 1963

26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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281207

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WISCONSIN

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Charles E. Meier

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.